



Name of Applicant: _____

Title: _____

Organization: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Identify Program of Interest: _____

1. Do you currently work for or with, serve on the board of, or volunteer with a nonprofit organization? Yes No

*If no, please explain your relationship to the nonprofit sector.

2. What is your organization's annual operating budget? _____

3. What is your current or anticipated involvement in course-related activities at your organization (depending on the course you are applying for – development, human resources, planning, etc)?

4. In summary, why should scholarship funds be used to assist you to attend the program? (No more than 50 words please)

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Please feel free to send any additional information that will help us understand your organization better.

Signatures

Applicant

Date

Executive Director

Date

Please mail or fax this completed form to:
Bayer Center for Nonprofit Management at Robert Morris University
425 6th Avenue, Suite 2610, Pittsburgh, PA 15219 Fax: 412-471-1366